

Smith

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027473

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 73

STATE FILE NUMBER

FILED JUL 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Lee's Summit

Length of stay in 1b

50 Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

205 East 4th Street

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Jackson

c. CITY

OR  
TOWN

Lee's Summit

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

205 East 4th Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ira

Lee

Smith

4. DATE

OF  
DEATH

Month

Day

Year

July 25 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9/21/1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

5 mins.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

1 wk.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 25, 1962 to July 25, 1962

and last saw him alive on

July 25, 1962

Death occurred at

12:25 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D. Durwell M.D.

22b. ADDRESS

Lee's Summit Mo.

22c. DATE SIGNED

25 July 1962

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

7/28/1962

23c. NAME OF CEMETERY OR CREMATORY

Lee's Summit

23d. LOCATION (City, town, or county)

Lee's Summit Mo.

24. FUNERAL DIRECTOR

Langsford Funeral Home

ADDRESS

Lee's Summit Mo.

25. DATE RECD. BY LOCAL REG.

7-26-62

26. REGISTRAR'S SIGNATURE

M. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AUG 8 1962

SEP 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W.B. Lingsford*

Licensed Embalmer No.

*3823*

P. O. Address

*Lee's Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.